

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03195

CERTIFICATE OF DEATH

265

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

T

1. PLACE OF DEATH:

County *Somerset*City or town *Bethesda*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *6 days*

Hospital, institution, or street address where death occurred:

*Mc Donnells Funeral*How long in hospital or institution? *6 days*

3. (a) FULL NAME

Stella Louise Campbell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widower

6. (b) Name of husband or wife

Robert Lee

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

December 9 1916

8. AGE:

Years

Months

Days

If less than one day

31

2

27

hrs.

min.

9. Birthplace

Bethesda Md

(Town, county, and state)

10. Usual occupation

Nurse

11. Industry or business

State Board of Health of Md

MOTHER FATHER

12. Name *Norman L. Adams*13. Birthplace *Bethesda, Md.*14. Maiden name *Grace M. Johnson*15. Birthplace *Bethesda, Md*16. Informant *Grace M. Adams*Address *215 N. 1st St*

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *March 10, 1948*

(month) (day) (year)

Cemetery or crematory *Sunny Ridge*Location *Bethesda*18. Funeral director *McDonald & Son*Address *Bethesda, Md.*19. Date rec'd by registrar *3/16 1948*(Date rec'd by registrar) *Janice E. Spivey*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Somerset*City or town *Bethesda* (If outside city or town limits, write RURAL and give nearest town)Street No. *215 N. 1st St*

(If rural, give LOCATION)

2.(a) If veteran, name war *World War II*

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 7 1948* at *1:10 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 2 1948 to March 7 1948 and that I last saw her alive on *March 2 1948*

Immediate cause of death

*Brain Injury*Due to *Head Injury from auto accident*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations *Incarcerated subdural**Spinal Fusion*Date of op. *March 2, 1948*

Autopsy results

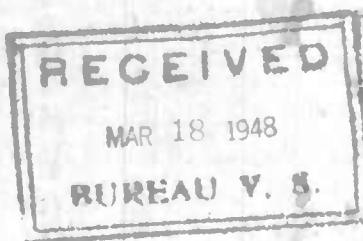
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *March 2, 1948*Where did injury occur *Kingston Somerset Md.*

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *State Road - Kingston*Means of injury *Auto accident* Injured at work? *yes*23. SIGNATURE *Sarah M. Payton* M. D. or otherAddress *Crisfield, Md.* Date signed *March 10*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1315 03106

CERTIFICATE OF DEATH

Reg. Dist. No. 561

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

Somerset

City or town

Somerset, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nathan S. Conner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Married

Wife

Mamie G. Conner

Name of husband or wife

Husband

Wife

Name

Conner

Last name

First name

Middle name

Initials

Conner

Name

Conner

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Somerset

City or town

Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 13, 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

near

1948 to

and that I last saw him alive on

March 12, 1948

Immediate cause of death

acute dilation

of heart, lungs

Due to

Chronic dysentery, chronic

rheumatism

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George G. Colburn, M.D.

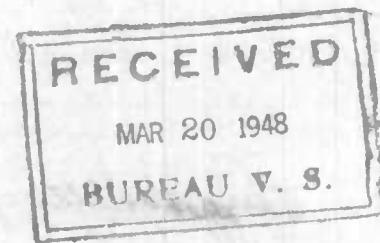
M. D. or other

Address

Somerset, Md.

Date signed

May 13, 1948



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

03197

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: SomersetCity or town: Lewisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George A. Wavies

4. Sex

5. Color or race

Male White Married

6. (b) Name of husband Steinmetz Do.

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 73 years

8. AGE: Years 75 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace: Somerset Do. (Town, county, and state)10. Usual occupation: Bridger Seeder11. Industry or business: City of Lewisfield12. Name: John Wavies13. Birthplace: md14. Maiden name: Mary E. Evans15. Birthplace: md16. Informant: Steinmetz Do. WaviesAddress: Lewisfield, md17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/29/48 (month) (day) (year)Cemetery or crematory: Sunrise RidgeLocation: Lewisfield18. Funeral director: H. W. Ward Do. LewisfieldAddress: 306 Main St., Lewisfield, md

19. Mar. 27 1948 (Date rec'd by registrar)

Janice E. Evans

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: SomersetCity or town: Lewisfield (If outside city or town limits, write RURAL and give nearest town)Street No. Lakegate Ave (If rural, give LOCATION)2. (a) If veteran, name war: None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 26 1948 at 3:14 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 24, 1948, to March 26 1948 and that I last saw him alive on March 26 1948

Immediate cause of death:

Cerebral hemorrhage
Hemiplegia, left

Due to:

Due to:

Other conditions: Hypertensive cardio
vascular disease
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

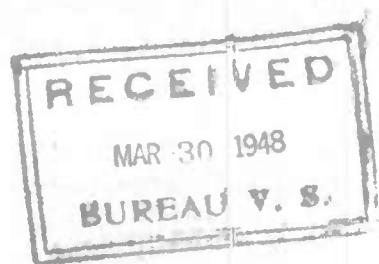
Means of injury

Injured at work?

23. SIGNATURE

C. G. Rawley M.D.
M. D. or other
Address: Craigfield, md, Date signed 3/27/48

M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03198

CERTIFICATE OF DEATH

166
Reg. Dist. No. 260

1. PLACE OF DEATH:

County:

Westover - Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... several hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

David Thomas Duncan

Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Doris Duncan

7. Birth date of

deceased (mo., day, yr.)

July 22 1920

6.(c) If alive, give age 27 years

8. AGE:

Years
27Months
8

Days

If less than one day

hrs. min.

9. Birthplace

Loretta Somerset Md.

(Town, county, and state)

10. Usual occupation

painter

11. Industry or business

Robert Duncan

12. Name

London, England

13. Birthplace

Maude Engross

14. Maiden name

Loretta, Somerset Co. Md.

15. Birthplace

Robert Duncan

16. Informant

Post office, Princess Anne, Md.

17. Burial

Date thereof 3-23-48

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Episcopcal

Location Princess Anne, Md.

18. Funeral director Dale Doobie

Address Princess Anne, Md.

19. (Date rec'd by registrar) 3/28/48 R. S. Johnson

(Date rec'd by registrar) 3/28/48 R. S. Johnson

2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother

State Maryland County

City or town Eden

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war Navy - World War II

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

19...

and that I last saw him alive on

19...

Immediate cause of death

DURATION

Sun shot

Due to wound upper

Chest - Hemorrhage

Other conditions shock

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of March 21 1948

Where did injury occur? Princess Anne, Somerset Co. Maryland

County Somerset (State) Maryland

Injured at home, farm, industry, public place (where?) Long's Tavern (4/20/48 dec)

Means of injury

Injured at work?

23. SIGNATURE

Signature

Address 401 E. Chestnut St. Princess Anne, Md.

D. or other

Date of 3/21/48

Date of 3/21/48

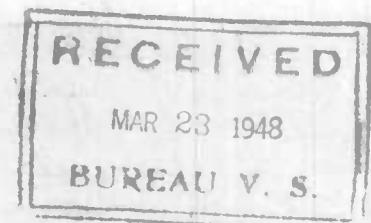
Address

Address

Date of 3/21/48

Date of 3/21/48

22 July 20





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03199

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 266

1. PLACE OF DEATH:

Somerset

County

Rhodes Point, Smith's Island

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Rhodes Pt., Smith's Isl., Md.

Now long in hospital or institution?

3. (a) FULL NAME

Mary Anna Evans

4. Sex

F.

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William Thomas Evans

Dead

7. Birth date of deceased (mo., day, yr.)

August 2nd, 1874

6.(c) If alive, give age years

8. AGE:

Years
73Months
7Days
22

If less than one day

hrs.

min.

9. Birthplace

Rhodes Point, Somerset, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Housekeeping

MOTHER

12. Name

William Harrison Bradshaw

FATHER

13. Birthplace

Hollands Isl., Md.

14. Maiden name

Miranda Evans

15. Birthplace

Smith's Island, Md.

16. Informant

Maggie Dora Marsh, Daughter

Address

Rhodes Pt. Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof March 26 1948

(month) (day) (year)

Cemetery or crematory

cemetery

Location

Rhodes Point Md

18. Funeral director

Harvey Bradshaw

Address

Crusfield and

Carrie Kitching

March 24 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Somerset

City or town

Rhodes Point, Smith's Isl.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

P

20. DATE OF DEATH

March 24th, 1948, at 11:30

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 1947, to March 24th, 1948

and that I last saw her alive on March 22nd, 1948

Immediate cause of death Arterio-sclerotic

heart disease

DURATION

Unknown

Due to General Arterio-sclerosis Unknown

Due to

Other conditions Fractured left hip 1 year

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE

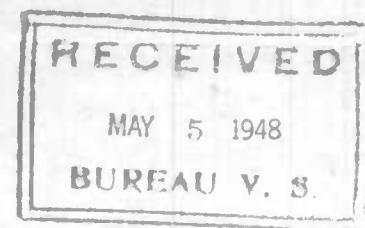
Merritt G. Chambers, M.D.

M. D. or other

Address

Date signed

3/25/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03110

CERTIFICATE OF DEATH

265

Reg. Dist. No.

1. PLACE OF DEATH:

County. Somerset

City or town. Crisfield

(If outside city or town limits, write RURAL and give nearest town)

22 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

McCready Hospital

How long in hospital or institution?

1 day

3. (a) FULL NAME

GRACE BLAKE LANDON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Edwin C. Landon

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.)

November 3, 1905

8. AGE:

Years 42

Months 4

Days 17

If less than one day

hrs.

min.

9. Birthplace

Fairmount-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Textile Worker

11. Industry or business

Garment

MOTHER FATHER

12. Name

James Blake

13. Birthplace

Somerset Co., Md.) By

14. Maiden name

Margaret ?) Adoption

15. Birthplace

Somerset Co., Md.)

16. Informant

Edwin C. Landon

Address

Crisfield, Md.

17. Burial

Date thereof March 22, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Sunny Ridge Mem. Park

Location

Hopewell, Crisfield, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19. March 21, 1948

(Date rec'd by registrar)

Nellie Dryden

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County

City or town. Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 221 N. First St.

(If rural, give LOCATION)

2.(a) If veteran, name war. *****

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 20th 1948 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

January 19, 1948 to May 20, 1948

and that I last saw him alive on

March 19, 1948

Immediate cause of death. Acute Detoxication

DURATION

of heart

Due to. Cerebral Metastasis

Due to. Carcinoma of Uterus
& Ovary & Glands

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

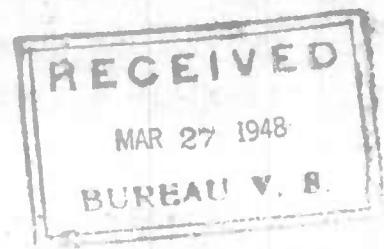
Injured at work?

23. SIGNATURE

George C. Gullum, M.D.

M. D. or other

Address. Marion, Md. Date signed. 3/2/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03111

CERTIFICATE OF DEATH

94a
Reg. Dist. No. 260

1. PLACE OF DEATH:

County. SomersetCity or town. Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rose Ann Lee

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widow6. (b) Name of husband or wife. Samuel Lee

7. Birth date of deceased (mo., day, yr.)

Oct. 19, 1866

6. (c) If alive, give age

years

8. AGE:

Years
81Months
5Days
11

If less than one day

hrs. min.

9. Birthplace. Oswald Wright, Lancashire

(Town, County, State)

England10. Usual occupation. Horsework

11. Industry or business

12. Name. Unknown13. Birthplace. Unknown14. Maiden name. Unknown15. Birthplace. Unknown16. Informant. Mrs. Harris V. Fitzmorris

Address

Westover Md.17. Burial. Burial

(Burial, cremation, or removal. Which?)

Date thereof. Apr. 3 1948
(month) (day) (year)Cemetery or crematory. Greensboro Cemetery

Location

Greensboro, Md.18. Funeral director. Dale Dashell

Address

Pr. Anne, Md.

19. (Date rec'd by registrar)

19

3/30 48 R. S. Johnson M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County

SomersetCity or town. Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war. _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH. Mar. 30 1948 at 6:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 18 1948 to Mar. 20 1948, and that I last saw him alive on Mar. 20 1948.Immediate cause of death. Coronary
ulcer

DURATION

1 day

Due to. _____

Due to. _____

Other conditions. Septicemia

(Include pregnancy within 3 months of death)

Major findings of operations. _____

Date of op. _____

Autopsy results. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

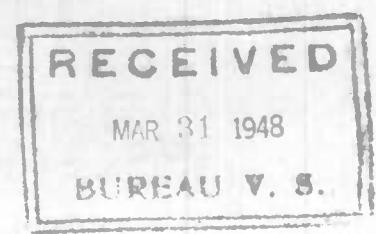
Means of injury _____

Injured at work? _____

23. SIGNATURE. Frank Lutes M.D.

M. D. or other

Address. Princess AnneDate signed. 3/30/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03112

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 266

1. PLACE OF DEATH:

Somerset

County

Tylerton

City or town

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Rural

How long in hospital or institution: *****

3. (a) FULL NAME

JESSE J. MARSH

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Venie Marsh

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

1873 (date unknown)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Tylerton-Somerset-Md.
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

MOTHER FATHER

12. Name

Benjamin F. Marsh

13. Birthplace

Smith Island, Md.

14. Maiden name

Shadie J. Evans

15. Birthplace

Ewell, Md.

16. Informant

Mrs. Shadie J. Marsh

Address

Tylerton, Md.

17. Burial

Date thereof March 24, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Union Methodist

Location

Tylerton, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19. Date rec'd by registrar

1948

Carrie Kitching
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Somerset

City or town

Tylerton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

None

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 21st, 1948, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21, 1947, to March 21, 1948, and that I last saw him alive on March 21, 1948.

Immediate cause of death Arterio-sclerotic heart disease with decompensation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Merritt G. Chambers, M.D. or other
Ewell, Md. Date signed 3/24/48



owing to illness in family and being called
away these are late

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03114

CERTIFICATE OF DEATH

131a
Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
Crisfield

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years

Hospital, Institution, or street address where death occurred:

204 First St.

How long in hospital or institution? *****

3. (a) FULL NAME

SEVERN E. MASON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Margaret Mason

7. Birth date of deceased (mo., day, yr.)

October 6, 1880

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Wingate-Dorchester-Md.

(Town, county, and state)

10. Usual occupation

Seafood Dealer-Trucker

11. Industry or business

Seafood

12. Name

Severn Mason

13. Birthplace

Dorchester Co., Md.

14. Maiden name

Jane Wroten

15. Birthplace

Dorchester Co., Md.

16. Informant

Calvin T. Mason

Address

Crisfield, Md.

17. Burial

Date thereof

March 5, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Toddville Cemetery

Location

Crane RFD, Cambridge, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19. Date rec'd by registrar

March 4, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 204 First St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March 3rd 1948

Sept 47 Mehd 1948

and that I last saw the deceased on March 3, 1948

Immediate cause of death

Stroke of heart myocarditis

Duration

Severe heart vegetates

Coronary thrombosis

Due to

acute cardiac

diseases

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

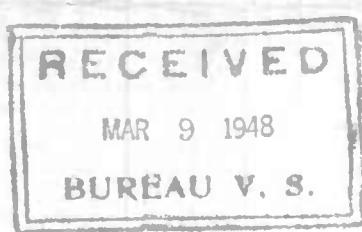
Injured at work?

23. SIGNATURE

D. or other

Address

Date



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03113

131a

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH: Somerset
 County.....
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Minutes
 How long in above place of death.....
 Hospital, institution, or street address where death occurred: McCready Hospital
 Minutes
 How long in hospital or institution.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Somerset
 City or town..... Rural, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Brinkley's District
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... *****

3. (a) FULL NAME
 GEORGE HENRY MASSEY, SR.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife..... Julia Evans Massey

7. Birth date of deceased (mo. day, yr.) April 30, 1867
 6. (c) If alive, give age..... 72 years

8. AGE: Year 80 Months 10 Days 10 If less than one day hrs. min.

9. Birthplace..... Berlin-Worcester-Md.
 (Town, county, and state)

10. Usual occupation..... Farmer-Waterman

11. Industry or business..... Produce-Seafood

12. Name..... John Massey

13. Birthplace..... Berlin, Md.

14. Maiden name..... Deborah Holland

15. Birthplace..... Berlin, Md.

16. Informant..... Weldon H. Massey

Address..... Crisfield, Md.

17. Burial Date thereof..... March 12, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Paul's Cemetery

Location..... Rural, Marion, Md.

18. Funeral director..... H. Harvey Bradshaw

Address..... Crisfield, Md.

19. Mar. 12, 1948 Nellie Dryden
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 10th 1948, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 4th to Mar. 7, 1948, and that I last saw her alive on Mar. 7, 1948.

Immediate cause of death..... coronary occlusion, 2 hrs.

Due to..... chronic myocarditis, chronic ch. nephritis, 6 yrs.

Due to..... mural arteriosclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

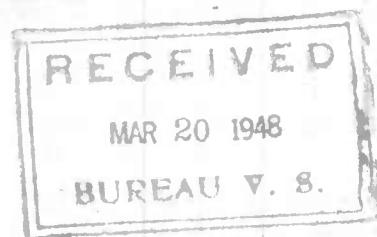
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... George Blakburn M.D.
 M. D. or other

Address..... Marion, Md. Date signed..... Mar. 12, 1948



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03115

131a

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:

County Somerset

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

10 months

How long in above place of death?

Hospital, institution, or street address where death occurred:

McCreedy Hospital

How long in hospital or institution?

10 months

3. (a) FULL NAME

SOUTHEY F. MILES

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Mollie B. Miles

Deceased

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

February 5, 1861

8. AGE: Years

Months

Days

If less than one day

87

1

0

hrs.

min.

9. Birthplace

Marion-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Produce

12. Name

Southey F. Miles

13. Birthplace

Marion, Md.

14. Maiden name

Christina Roach

15. Birthplace

Marion, Md. (Rural)

16. Informant

Southey F. Miles

Address

Baltimore, Md.

17. Burial

Date thereof March 7, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Pauls Cemetery

Location

Marion, Md. (Rural)

18. Funeral director

Howard Gill/Harvey Bradshaw

Address

Pocomoke/Crisfield, Md.

19. Mar. 11th 48. Nellie Dryden

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Marion, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2. (a) If veteran, name war *****

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 5th 1948 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased

March 4th to March 5th 1948

and that I last saw her alive on March 5th 1948

Immediate cause of death

Cardiac

occlusion

Due to

Chronic myocarditis

Chronic Respiratory

Due to & General arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

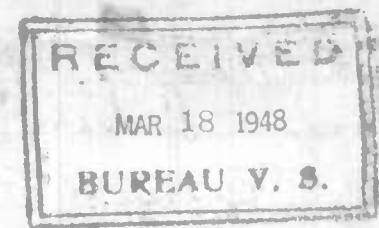
23. SIGNATURE

George C. Gullum, M.D.

M. D. or other

Address Marion, Md. Date signed 3/11/48

RECEIVED
MAR 18 1948
BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03117

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset

County.....

Crisfield, Md.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

McCready Hospital

How long in hospital or institution?

3. (a) FULL NAME

Margie M. Sterling

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife.....

Clarence Sterling

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age..... years

April 27, 1874

8. AGE: Years Months Days If less than one day

73 11 2 hre. min.

9. Birthplace.....

Crisfield, Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

MOTHER FATHER 12. Name.....

Samuel Lawson

13. Birthplace.....

Crisfield, Md.

14. Maiden name.....

Ellen Lawson

15. Birthplace.....

Crisfield, Md.

16. Informant.....

William S. Sterling

Address.....

Crisfield, Md.

17. Burial Date thereof.....

March 31, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Asbury

Location.....

Crisfield, Md.

18. Funeral director.....

Hibbard & Covington

Address.....

Main St. Crisfield, Md.

19. Date rec'd by registrar.....

3/30 1948

(Date rec'd by registrar)

Janice Edspire

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Crisfield, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 29, 1948, at 8:54 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 7, 1948, to March 29, 1948.

and that I last saw her alive on March 27, 1948.

Immediate cause of death

Cardiac Turgibiosis
+ toxic psychosis

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Sarah M. Payton M.D.

M.D. or other

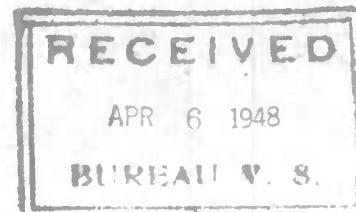
Address.....

Crisfield, Md.

Date signed

March 30

Mr. Peyton





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03119

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: **Somerset**
 County.....
 City or town..... **Marion Station**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **37 years**
 Hospital, Institution, or street address where death occurred: **Rural, Marion Station**
 How long in hospital or Institution? *********

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Somerset**
 City or town..... **Marion Station**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Rural**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
ROSE TYLER WHITTINGTON

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**

6.(b) Name of husband or wife **Austin L. Whittington**

7. Birth date of deceased (mo., day, yr.) **May 30, 1890**
 6.(c) If alive, give age **61** years

8. AGE: Years **57** Months **9** Days **7** If less than one day **hrs. min.**

9. Birthplace **Smith Island-Somerset-Md.**
 (Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER
 12. Name **Cooper Tyler**

13. Birthplace **Smith Island, Md.**

14. Maiden name **Tina Ballard**

15. Birthplace **Smith Island, Md.**

16. Informant **Anna Rose Brown**

Address **Marion Station, Md.**

17. Burial Date thereof **March 10, 1948**
 (Burial, cremation, or removal. Which?) **St. Pauls Cemetery**
 (month) (day) (year)

Cemetery or crematory **Rural, Marion Station, Md.**

Location **H. Harvey Bradshaw**

18. Funeral director **Crisfield, Md.**

Address **George Charnow, M.D.**

19. **Mar. 11th 48** **Nellie Dryden**
 (Date rec'd by registrar) **Registrar**

MEDICAL CERTIFICATION

2D. DATE OF DEATH **March 7th 1948**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan. 46** to **Mar. 7th 1948**, and that I last saw her **alive** on **Mar. 6th 1948**.

Immediate cause of death **Acute dilation of heart**

Due to **Chronic myocarditis**

Due to **Septicemia**

Other conditions **Septicemia**

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

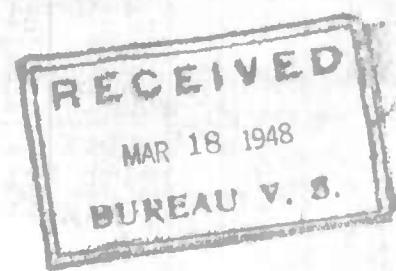
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE **George Charnow, M.D.**
 M. D. or other **Marion, Md.**
 Address **3/11/48** Date signed



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03120

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield, Maryland

(If outside city or town limits, write RURAL and give nearest town)

McCready Hospital

How long in above place of death?

Hospital, institution, or street address where death occurred:

McCready Hospital

How long in hospital or institution?

3. (a) FULL NAME

John Thomas Willett

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb. 3, 1871

6.(c) If alive, give age years

8. AGE:

77

1

25

Months Days

If less than one day

hrs.

min.

9. Birthplace

Accomac Co., Va.

(Town, county, and state)

10. Usual occupation

Retired Waterman

11. Industry or business

Thomas R. Willett

MOTHER FATHER

12. Name

Va.

13. Birthplace

Reshia Bell

14. Maiden name

Va.

15. Birthplace

Mrs. Maude Sterling

16. Informant

Crisfield, Md.

Address

Burial: March 31, 1948

17. (Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Sunny Ridge

Location

Crisfield, Md.

18. Funeral director

Hubbard & Covington

Address

Main St., Crisfield, Md.

19. 3/30

1948

Janice & Jessie

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 128 Chesapeake Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

March 28, 1948

2D. DATE OF DEATH 19 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 28, 1948, to March 28, 1948, and that I last saw him alive on March 28, 1948.

Immediate cause of death

Arteria and Del

to Heart

DURATION

Due to

Cerebral hemorrhage

Due to: Cerebral hemorrhage

Other conditions

Surgery during pregnancy

(Include pregnancy within 3 months of death)

Major findings at operations: Cerebral hemorrhage

March 28, 1948, Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Siegler & Hubbard, M.D.

M.D. or other

Address: March 30, 1948, Crisfield, Md. Date signed

Mr. George Coulbourne

